UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

 OMB A	PPROVAL	
050512		

Prefix Serial

DATE RECEIVED

Name of Offering ( check if this is an amendmen	nt and name has changed, and indicate change.) is Fund, LLC: Limited Liability Company U	nite S
Filing Under (Check box(es) that apply):  Ru		Section 4(6) UEOF-CEIVED
Type of Filing: □ New Filing ☑ Amendmen		Percentility (ii)
	A. BASIC IDENTIFICATION DATA	APR 1 5 2005 >>
1. Enter the information requested about the issuer	•	
	nt and name has changed, and indicate change.)	105
Goldman Sachs Global Equity Opportunitie		185/3
Address of Executive Offices (Nun 32 Old Slip, New York, New York 10005	nber and Street, City, State, Zip Code)	Telephone Number (including Area Code) (212) 902-1000
Address of Principal Business Operations (N (if different from Executive Offices)	umber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		PROCEORE
To operate as a private investment fund.		PROCESSE
Type of Business Organization		( 3 APR 2 5 2005
□ corporation [	☐ limited partnership, already formed	☑ other (please specify):
□ business trust	☐ limited partnership, to be formed	Limited Liability Company FINANCIA
	Month Year	- TAOIAL
Actual or Estimated Date of Incorporation or Orga		☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviat State: CN for Canada; FN for other foreign jur	
GENERAL INSTRUCTIONS		<del></del>
Federal:		
Who Must File: All issuers making an offering of secur 77d(6).	ities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15	days after the first sale of securities in the offering.	A notice is deemed filed with the U.S. Securities and
Exchange Commission (SEC) on the earlier of the date i	t is received by the SEC at the address given below o	
due, on the date it was mailed by United States registered		/
Where to File: U.S. Securities and Exchange Commissio Copies Required: Five (5) copies of this notice must be		ally signed. Any copies not manually signed must be
photocopies of the manually signed copy or bear typed or	r printed signatures.	
Information Required: A new filing must contain all info		
the information requested in Part C, and any material ch with the SEC.	langes from the information previously supplied in Pa	irts A and B. Part E and the Appendix need not be filed
Filing Fee: There is no federal filing fee.		
State:	,	
This notice shall be used to indicate reliance on the Unit		
that have adopted this form. Issuers relying on ULOE r made. If a state requires the payment of a fee as a prec		
shall be filed in the appropriate states in accordance with		
	ATTENTION	

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

filing of a federal notice.

<ul> <li>Each promoter of the</li> </ul>	he issuer, if the iss	uer h	as been organized v	vithin	the past five years;				
<ul> <li>Each beneficial ow of the issuer;</li> </ul>	net having the po	wer to	o vote or dispose, or	direc	et the vote or disposi	tion	of, 10% or	more (	of a class of equity securities
<ul> <li>Each executive offi</li> </ul>	cer and director o	f corp	oorate issuers and of	corp	orate general and ma	anagi	ng partners	of pa	rtnership issuers; and
* Each general and n	nanaging partner o	f par	tnership issuers.						
Check Box(es) that Apply:	☑ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Goldman, Sachs & Co.	<del></del>								
Business or Residence Addre	•		et, City, State, Zip (	Code)	ŀ				
85 Broad Street, New York	A CONTRACTOR OF THE CONTRACTOR		D 7110		T 11 000				0 1 1/
Check Box(es) that Apply:	☐ Promoter	<u>~</u>	Beneficial Owner	<u> </u>	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	The harman of			de la casa					
Goldman Sachs Direct Stra Business or Residence Addre			ot City State 7in (	- <u>                                     </u>			<u></u>		
32 Old Slip, New York, New	4 15 1754	ı Sire	et, City, State, Zip (	ode) ا	landa (j. 1905.) 1900. – Paris Mariana (j. 1905.)				
Check Box(es) that Apply:	□ Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	l Stre	et, City, State, Zip (	Code	·				
32 Old Slip, New York, New			,,,,,	5040,	•				
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Mulvihill, Donald	findividual)	:		AL PROPERTY OF THE PROPERTY OF					
Business or Residence Addre	ss (Number and	l Stre	et, City, State, Zip (	Code)					
32 Old Slip, New York, Nev	v York 10005								
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	1 Stre	et, City, State, Zip (	Code)	)				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	findividual)			2 N		_		:	
Business or Residence Addre		d Stre	eet, City, State, Zip (	Code					
Check Box(es) that Apply:	□ Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and	d Stre	eet, City, State, Zip (	Code)	)				
					<u> </u>		<u></u>		

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

	1.477		Add I	B. IN	FORMAT	ION ABO	UT OFFI	ERING	-			
											Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										☑ :		
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?										\$		
* The Issuer may accept subscriptions for lesser amounts at the discretion of the Managing Member.  3. Does the offering permit joint ownership of a single unit?											Yes ☑	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.												
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
		you may se first, if ind		ntormation	for that bro	ker or deale	er only.					
	•	·	ividuai)									
	Sachs & C		Jumber and	Street City	y, State, Zip	Code						
		·			y, State, Zip	Code						
		York, Nev Broker or De		004								
Nume of A	issociated L	roker or De	aici									
States in W	Vhich Perso	n Listed Ha	s Solicited o	or Intends to	o Solicit Pu	rchasers					<u> </u>	
									• • • • • • • • • • • • • • • • • • • •	•••••	⊠All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID] ,
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO] ·
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
		first, if ind		[]	[4-]	[, -]	r J	[]	[ ]	L · ː -J	L J	
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated E	Broker or De	aler									
					o Solicit Pu						—————————————————————————————————————	States
[AL]	[AK]	[AZ]	AR]	es) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	D AI. [HI]	[ID]
[IL]	[IN]	[A2] [IA]	[KS]	[KY]	[LA]	[ME]	[DL] [MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NЛ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	: (Last name	first, if ind	ividual)									
		·	<del></del>			<del></del>			<del></del>			
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	(Code)						
Nome of A	associated E	Broker or De	2010#									
Name of A	ASSOCIATED E	proker of De	alei									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								All States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	s —	0	\$	
	☐ Common ☐ Preferred			•	
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests		0	\$	0
	Other (Specify Limited Liability Company Units)			\$	667,290,219
	Total	s <u> </u>	667,290,219	\$	667,290,219
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		294	\$.	667,290,219
	Non-accredited Investors		0	\$.	0
	Total (for filings under Rule 504 only)		N/A	\$.	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				<del></del>
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
t! t!	a.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_			
	Transfer Agent's Fees			\$	00
	Printing and Engraving Costs			\$	0
	Legal Fees		囡	\$	462,977
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		☑	\$	2,001,871
	Other Expenses (identify)			\$	0
	Total	,	Ø	\$	2,464,848

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	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF PI	ROCE	EDS	3
	b. Enter the difference between the aggreg - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to	in response to Part C - Question 4.a	. Th	is		\$_		664,825,371
5.	Indicate below the amount of the adjusted to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted groto Part C - Question 4.b. above.							
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0	. 🗆	\$ _	0
	Purchase of real estate			\$_	0		\$.	0
	Purchase, rental or leasing and installation of	f machinery and equipment		\$_	0		\$.	0
	Construction or leasing of plant buildings ar	nd facilities		\$_	0		\$.	0
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0		\$	0
	Repayment of indebtedness			\$ \$	0	. –	τ.	0
	Working capital			\$ - \$	0		\$ . \$	0
	Other (specify): <u>Investment Capital</u>			٠ -		•	•	
	0.1			³ <b>-</b>	0	. 🗹	\$.	664,825,371
	Column Totals			\$_	0	. Ø	\$.	664,825,371
	Total Payments Listed (column totals added	)			☑ \$	664,8	25,3′	71
	医神经炎 化紫色法	D. FEDERAL SIGNATU	RE	i j				
fo	the issuer has duly caused this notice to be bellowing signature constitutes an undertaking s staff, the information furnished by the issue	by the issuer to furnish to the U.S. Sec	uritie	s and	Exchange Commis	sion, u		
Issı	uer (Print or Type)	Signature			Date			
	ldman Sachs Global Equity Opportunities ad, LLC	& ML-f			April <u>//3</u> , 2005	;		
Nat	me of Signer (Print or Type)	Title of Signer (Print or Type)						
Ric	hard Cundiff	Authorized Person						

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).